

EXHIBIT HH

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NEW YORK STATE
DIVISION OF HUMAN RIGHTS

NEW YORK STATE DIVISION OF
HUMAN RIGHTS on the Complaint of

MELANIE S. WEISS,

Complainant,

v.

NORTHWELL HEALTH, INC.,

Respondent.

VERIFIED COMPLAINT
Pursuant to Executive Law,
Article 15

Case No.
10215469

Federal Charge No. 16GC201315

I, Melanie S. Weiss, residing at 30 Roydon Drive North, Merrick, NY, 11566, charge the above named respondent, whose address is Office of Legal Affairs 2000 Marcus Avenue, New Hyde Park, NY, 11042 with an unlawful discriminatory practice relating to employment in violation of Article 15 of the Executive Law of the State of New York (Human Rights Law) because of creed, disability.

Date most recent or continuing discrimination took place is 1/31/2022.

The allegations are:

1. I have a condition that is considered to be a disability as that term is defined by the NYS Human Rights Law. I believe in a religion. Because of this, I have been subject to unlawful discriminatory actions.
2. Please see attached complaint.

Based on the foregoing, I charge respondent with an unlawful discriminatory practice relating to employment because of creed, disability, in violation of the New York State Human Rights Law (Executive Law, Article 15), Section 296.

I also charge the above-named respondent with violating Title VII of the Civil Rights Act of 1964, as amended (covers race, color, creed, national origin, sex relating to employment). I also charge the above-named respondent with violating the Americans with Disabilities Act (ADA) (covers disability relating to employment). I hereby authorize SDHR to accept this verified complaint on behalf of the U.S. Equal Employment Opportunity Commission (EEOC) subject to the statutory limitations contained in the aforementioned law(s).

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HUMAN RIGHTS on the Complaint of

MELANIE S. WEISS,

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NORTHWELL HEALTH, INC.,

Respondent.

AMENDMENT TO
THE COMPLAINT

Case No.
10215469

Federal Charge No. 16GC201315

Pursuant to the provisions of § 297.4a of the Human Rights Law (Executive Law, Article 15) of the State of New York, and the New York State Division of Human Rights ("Division"), Rules of Practice § 465.4, the complaint in the aforesaid proceeding is amended as follows:

The following, named as Respondents in the original complaint, are removed from the complaint because they are not proper parties to this action before the Division:

Mariah McGrath, Carolyn A. Doyle

The Respondent, named in the original complaint as:

Northwell Health FlexStaff

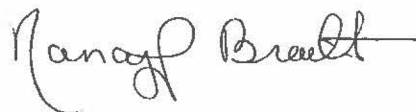
has been modified to the correct legal name for this entity, as follows:

Northwell Health, Inc.

The above caption to this document reflects the correct caption for this complaint, as modified and accepted for filing by the Division.

Dated: February 7, 2022
Albany, New York

STATE DIVISION OF HUMAN RIGHTS



By:

Nancy Bradt
Office Assistant 1

TO:

Complainant

Melanie S. Weiss
30 Roydon Drive North
Merrick, NY 11566

Respondent

Northwell Health, Inc.
Office of Legal Affairs
2000 Marcus Avenue
New Hyde Park, NY 11042

February 4, 2022

DIVISION OF HUMAN RIGHTS
ALBANY REGIONAL OFFICE

New York State Division of Human Rights Employment Complaint Form

Although workers, interns and volunteers of all ages are protected, you must be 18 years or older to file a complaint. A parent, guardian or other person having legal authority to act in the minor's interests must file on behalf of a person under the age of 18.

1. Your contact information:											
First Name <u>Melanie</u>		Middle Initial/Name <u>S.</u>									
Last Name <u>Weiss</u>											
Street Address/ PO Box <u>30 Roydon Drive North</u>		Apt or Floor #:									
City <u>North Merrick</u>		State <u>NY</u>	Zip Code <u>11566</u>								
If you are filing on behalf of another, provide the name of that person:		Date of birth:	Relationship:								
2. Regulated Areas: Check the area where the discrimination occurred: (If you wish to file against multiple entities, for example employer and temp agency, please file a separate complaint against each.) <table style="width: 100%; margin-top: 10px;"> <tr> <td><input checked="" type="checkbox"/> Employment (including paid internship)</td> <td><input type="checkbox"/> by a Labor Organization</td> </tr> <tr> <td><input type="checkbox"/> Internship (unpaid)</td> <td><input type="checkbox"/> Apprentice Training</td> </tr> <tr> <td><input type="checkbox"/> Contract Work (independent contractor, or work for a contractor)</td> <td><input type="checkbox"/> by a Temp or Employment Agency</td> </tr> <tr> <td><input type="checkbox"/> Volunteer Position</td> <td><input type="checkbox"/> Licensing</td> </tr> </table>				<input checked="" type="checkbox"/> Employment (including paid internship)	<input type="checkbox"/> by a Labor Organization	<input type="checkbox"/> Internship (unpaid)	<input type="checkbox"/> Apprentice Training	<input type="checkbox"/> Contract Work (independent contractor, or work for a contractor)	<input type="checkbox"/> by a Temp or Employment Agency	<input type="checkbox"/> Volunteer Position	<input type="checkbox"/> Licensing
<input checked="" type="checkbox"/> Employment (including paid internship)	<input type="checkbox"/> by a Labor Organization										
<input type="checkbox"/> Internship (unpaid)	<input type="checkbox"/> Apprentice Training										
<input type="checkbox"/> Contract Work (independent contractor, or work for a contractor)	<input type="checkbox"/> by a Temp or Employment Agency										
<input type="checkbox"/> Volunteer Position	<input type="checkbox"/> Licensing										
3. You are filing a complaint against:											
Employer, Worksite, Agency or Union Name <u>Northwell Health FlexStaff</u>											
Street Address/ PO Box <u>1111 Marcus Avenue</u>											
City <u>Lake Success</u>		State <u>NY</u>	Zip Code <u>11042</u>								
Telephone Number: <u>516-224-2800</u>											
In what county or borough did the violation take place? <u>Nassau</u>											
Individual people who discriminated against you:											
Name: <u>Mariah McGrath</u>		Title: <u>Sr HR Business Partner</u>									
Name: <u>Carolyn A. Doyle</u>		Title: <u>VP, FlexStaff</u>									
If you need more space, please list them on a separate piece of paper.											
4. Date of alleged discrimination (must be within one year of filing):											
The most recent act of discrimination happened on: <u>01</u> <u>31</u> <u>2022</u> month day year											
5. For employment and internships, how many employees does this company have?											
<input type="checkbox"/> 1-14 <input type="checkbox"/> 15-19 <input checked="" type="checkbox"/> 20 or more <input type="checkbox"/> Don't know											

6. Are you currently working for this company?			
<input type="checkbox"/> Yes. Date of hire: _____ <div style="text-align: center;">month day year</div>			What is your position?
<input checked="" type="checkbox"/> No. Last day of work: <u>09</u> <u>28</u> <u>2021</u> <div style="text-align: center;">month day year</div>			What was your position? Resource/Charge Nurse
<input type="checkbox"/> I was never hired. Date of application: _____ <div style="text-align: center;">month day year</div>			What position did you apply for?

7. Basis of alleged discrimination:	
Check ONLY the boxes that you believe were the reasons for discrimination, and fill in specifics only for those reasons. Please look at page 2 of "Instructions" for an explanation of each type of discrimination.	
<input type="checkbox"/> Age: Date of Birth: _____	<input type="checkbox"/> Familial Status:
<input type="checkbox"/> Arrest Record	<input type="checkbox"/> Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran
<input type="checkbox"/> Conviction Record	<input type="checkbox"/> Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
<input checked="" type="checkbox"/> Creed/ Religion: Please specify: <u>RE denied 4 times</u>	<input type="checkbox"/> National Origin: Please specify: _____
<input checked="" type="checkbox"/> Disability: Please specify: <u>ME denied 1 time</u>	<input type="checkbox"/> Predisposing Genetic Characteristic:
<input type="checkbox"/> Domestic Violence Victim Status	<input type="checkbox"/> Pregnancy-Related Condition: Please specify: _____
<input type="checkbox"/> Gender Identity or Expression, Including the Status of Being Transgender	<input type="checkbox"/> Sexual Orientation: Please specify: _____
<input type="checkbox"/> Race/Color or Ethnicity: Please specify: _____ <input type="checkbox"/> Trait historically associated with race such as hair texture or hairstyle	<input type="checkbox"/> Sex: Please specify: _____ Specify if the discrimination involved: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Use of Guide Dog, Hearing Dog, or Service Dog	
If you believe you were treated differently after you filed or helped someone file a discrimination complaint, participated as a witness to a discrimination complaint, or opposed or reported discrimination due to any category above, check below:	
<input type="checkbox"/> Retaliation: How did you oppose discrimination: _____	
If you believe you were discriminated against because of your relationship or association with a member or members of a protected category listed above, indicate the relevant category(ies) above, and check below.	
<input type="checkbox"/> Relationship or association	

8. Acts of alleged discrimination: What did the person/company you are complaining against do? Check all that apply

<input type="checkbox"/> Refused to hire me	<input type="checkbox"/> Gave me a disciplinary notice or negative performance review	<input checked="" type="checkbox"/> Denied my request for an accommodation for my disability, or pregnancy-related condition	<input type="checkbox"/> Sexual harassment
<input checked="" type="checkbox"/> Fired me/laid me off	<input type="checkbox"/> Suspended me	<input type="checkbox"/> Denied me an accommodation for domestic violence	<input type="checkbox"/> Harassed or intimidated me on any basis indicated above
<input type="checkbox"/> Demoted me	<input type="checkbox"/> Did not call back after lay-off	<input checked="" type="checkbox"/> Denied me an accommodation for my religious practices	<input type="checkbox"/> Denied services or treated differently by a temp or employment agency
<input type="checkbox"/> Denied me promotion/ pay raise	<input type="checkbox"/> Paid me a lower salary than other co-workers doing the same job	<input type="checkbox"/> Denied me leave time or other benefits	<input type="checkbox"/> Denied a license by a licensing agency
<input type="checkbox"/> Denied me training	<input type="checkbox"/> Gave me different or worse job duties than other workers doing the same job	<input type="checkbox"/> Discriminatory advertisement or inquiry or job application	<input type="checkbox"/> Other:

9. Description of alleged discrimination

Tell us more about each act of discrimination that you experienced. Please include dates, names of people involved, and explain why you think it was discriminatory. TYPE OR PRINT CLEARLY.

9/7/21 denial - My religious exemption, submitted 8/23/21, was denied due to "DOH COVID-19 vaccine mandate." The mandate was not a law. I did not want to take vaccine since each of the vaccines were either manufactured or tested using aborted fetal cell lines. This goes against my sincerely held religious beliefs. In addition, I had been working remotely from home since May 2020. I think it was discriminatory since my constitutional rights, specifically the 1st Amendment & Title VII of the Civil Rights Act of 1964, were violated. The denial email came from Kevin Cepelak, Employee Relations Advisor, and Northwell Health Human Resources.

9/23/21 denial - Following a TRO on 9/14/21, I resubmitted my religious exemption on 9/15/21 and received a second denial due to "...should such religious exemptions be permitted, your request must be denied as it would create an undue hardship...no alternative arrangement can be made." The nature of the letter assumes that I work directly with patients, which let me know that they did not even read my religious exemption letter since I had been working remotely from home since May 2020 and needed no alternative arrangement. I posed no threat to anyone working from home. I continue to be discriminated against since my constitutional rights & Title VII of the Civil Rights Act of 1964 were violated again. The denial email came from Nicole Garofalo, HR Generalist, and Northwell Health Human Resources.

10/11/21 denial - My medical exemption, submitted 10/1/21, was denied due to "your stated reason for a medical exemption is not a contraindication to COVID-19 vaccination." I have Type II Diabetes and small airway disease, for which I take multiple medications. My conditions are under good control and I did not want to risk upsetting this balance in the short- or long-term, especially since there are no long-term studies on the COVID-19 vaccines. I think it was discriminatory since I have a right to bodily autonomy and to make personal decisions regarding my own health. Again, I worked remotely from home since May 2020. The denial email came from Shawn St. Louis, Employee Relations Advisor, and Northwell Health Human Resources.

10/19/21 denial - Following a preliminary injunction on 10/12/21, I resubmitted my religious exemption on 10/15/21 and received a third denial due to "Our decision to deny your exemption request remains consistent with Judge Hurd's Orders." I continue to be discriminated against on a religious basis, as stated above. The denial email came from Nicole Garofalo, HR Generalist.

1/31/22 denial - A nurse lead from FlexStaff, Stephanie Henschel, contacted me and asked me to return to the COVID-19 Special Response Group, where I had worked remotely from home for 16 months, and to resubmit my exemptions as they may be reconsidered. I resubmitted my religious and medical exemptions on 1/9/22. My religious exemption was denied due to "...should such religious exemptions be permitted, your request must be denied as it would create an undue hardship..." Again, it was obvious they did not read my letter since the nature of their letter assumes I work directly with patients. Although FlexStaff offers a variety of contracts to nurses, I had no intention of ever going into a facility and let them know that, previously. I just wanted to continue in the job I had been doing remotely from home. I think I was discriminated against on a religious basis, again, as stated above. Resubmission of my medical exemption was not acknowledged. I let them know, and provided proof, I had contracted COVID-19 & now have robust natural immunity.

If you need more space to write, please continue writing on a separate sheet of paper and attach it to the complaint form. DO NOT WRITE IN THE MARGINS OR ON THE BACK OF THIS FORM.

Signature (Declaration or Oath)

Based on the information contained in this form, I charge the herein named respondent(s) with an unlawful discriminatory practice, in violation of the New York State Human Rights Law.

By filing this complaint, I understand that I am also filing my employment complaint with the United States Equal Employment Opportunity Commission under the Americans With Disabilities Act (covers disability related to employment), Title VII of the Civil Rights Act of 1964, as amended (covers race, color, religion, national origin, sex relating to employment), and/or the Age Discrimination in Employment Act, as amended (covers ages 40 years of age or older in employment). This complaint will protect my rights under federal law.

I hereby authorize the New York State Division of Human Rights to accept this complaint on behalf of the U.S. Equal Employment Opportunity Commission, subject to the statutory limitations contained in the aforementioned law.

I have not filed any other civil action, nor do I have an action pending before any administrative agency, under any state or local law, based upon this same unlawful discriminatory practice. (If you have another action pending and still wish to file, please contact our office to discuss.)

PLEASE INITIAL MW

Human Rights Law § 297.1 requires that a complaint filed with the Division of Human Rights must be "under oath or by declaration." **You must complete either the "declaration" or "oath" sections below.** The declaration requires only your signature and does not need to be notarized. The oath requires that you sign it before a notary.

DECLARATION

I affirm this 4th day of February (month), 2022 (year) at North Merrick (city), NY (state), under penalties of perjury, that I am the complainant herein; that I have read (or had read to me) the foregoing complaint and know the content thereof; that the same is true of my own knowledge except as to the matters therein stated on information and belief; and that as to those matters, I believe the same to be true.

Melanie S. Weiss

[Complainant name]

OATH

STATE OF NEW YORK)
COUNTY OF) SS:

_____, being duly sworn, deposes and says: that I am the complainant herein; that I have read (or had read to me) the foregoing complaint and knows the content thereof; that the same is true of my own knowledge except as to the matters therein stated on information and belief; and that as to those matters, I believes the same to be true.

Complainant signature

Subscribed and sworn to
before me this day
of , 20

Signature of Notary Public

Please note: Once this form is completed and returned to the New York State Division of Human Rights, it becomes a legal document and an official complaint with the Division.

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

New York District Office
33 Whitehall Street, 5th Floor
New York, New York 10004-2112

TO:

Northwell Health, Inc.
Office of Legal Affairs
2000 Marcus Avenue
New Hyde Park, NY 11042

PERSON FILING CHARGE:

Melanie S. Weiss

THIS PERSON (Check one):

Claims to be aggrieved ☒
Files on behalf of other(s) ☐

DATE OF ALLEGED VIOLATION:

1/31/2022

PLACE OF ALLEGED VIOLATION:

Nassau County

EEOC CHARGE NUMBER:

16GC201315

FEP CHARGE NUMBER:

10215469

NOTICE OF CHARGE OF DISCRIMINATION WHERE AN FEP AGENCY WILL INITIALLY PROCESS

YOU ARE HEREBY NOTIFIED THAT A CHARGE OF EMPLOYMENT DISCRIMINATION UNDER

- ☒ Title VII of the Civil Rights Act of 1964
- ☐ The Age Discrimination in Employment Act of 1967 (ADEA)
- ☒ The Americans with Disabilities Act (ADA)

HAS BEEN RECEIVED BY: The New York State Division of Human Rights (FEP Agency) and sent to the EEOC for dual filing purposes.

While the EEOC has jurisdiction (upon expiration of any deferral requirements if this is a Title VII or ADA charge) to investigate this charge, EEOC may refrain from beginning an investigation and await the issuance of the FEP Agency's final findings and orders. These final findings and orders will be given weight by EEOC in making its own determination as to whether or not reasonable cause exists to believe that the allegations made in the charge are true.

You are therefore encouraged to cooperate fully with the FEP Agency. All facts and evidence provided by you to the Agency in the course of its proceedings will be considered by the Commission when it reviews the Agency's final findings and orders. In many instances the Commission will take no further action, thereby avoiding the necessity of an investigation by both the FEP Agency and the Commission. This likelihood is increased by your active cooperation with the Agency.

As a party to the charge, you may request that EEOC review the final decision and order of the above named FEP Agency. For such a request to be honored, you must notify the Commission in writing within 15 days of your receipt of the Agency's issuing a final finding and order. If the Agency terminates its proceedings without issuing a final finding and order, you will be contacted further by the Commission.

For further correspondence on this matter, please use the charge number(s) shown.

- ☐ An Equal Pay Act investigation (29 U.S.C. §206(d)) will be conducted by the Commission concurrently with the FEP Agency's investigation of the charge.

- ☒ Enclosure: Copy of the Charge

BASIS FOR DISCRIMINATION: Creed, Disability

CIRCUMSTANCES OF ALLEGED VIOLATION:

SEE ATTACHED N.Y.S. DIVISION OF HUMAN RIGHTS COMPLAINT

DATE: March 15, 2022

TYPED NAME OF AUTHORIZED EEOC OFFICIAL:

Kevin J. Berry